

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE		CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.19</u>
SUBJECT: PREGNANCY MANAGEMENT AND PLANNING FOR THE UNBORN CHILDREN OF FEMALE INMATES PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>		EFFECTIVE DATE <u>02/15/06</u> REVIEW DATE <u>05/01/07</u> SUPERSEDES PPD# <u>6.19 & 6.36</u> DATED <u>05/01/04 & 08/15/02</u>
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>		DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.		

- I. PURPOSE:
To provide guidance for the delivery of health care and planning for the unborn children of female inmates.
- II. APPLICABILITY:
To all health care personnel, staff involved in the planning, management or operation of an institution housing female inmates and female inmates.
- III. POLICY:
It is the policy of the Department of Corrections that pregnancy testing, prenatal care and postpartum care shall be provided to each applicable inmate under the direction and supervision of a physician, nurse practitioner and/or other fully qualified professional authorized to provide care in accordance with State and/or Federal licensure requirements. The department will assume financial responsibility for the inmate's care. All bills relating to the infant's care are the inmate's responsibility. The department will provide assistance to the pregnant inmate in keeping their expressed desires for their unborn children through comprehensive counseling and social services assistance
- IV. PROCEDURE:
Pregnancy Management
- A. Pregnancy Testing/Pregnancy
 1. Newly arrived female inmates will be screened for health concerns in accordance with protocol.
 2. Conditions including substance abuse, vaginal bleeding, contractions require physician notification.
 3. The physician or nurse practitioner will evaluate all pregnant inmates or suspected cases of pregnancy within 7 days of arrival at the facility.
 - B. Routine Prenatal Care
 1. The prenatal period begins with the first day of the last menstrual period and terminates with the onset of labor.
 2. Routine prenatal care will be provided in accordance with current practice standards and will include but not be limited to:
 - a. Scheduled on site visits with the physician/nurse practitioner,
 - b. Laboratory and/or other tests as clinically indicated,
 - c. Scheduled outside consult services as clinically indicated,
 - d. Dietary management.

C. High Risk Prenatal Care

1. Women identified as high risk may require special management. They will be referred to an obstetrician (or M.D. trained in obstetrical care) for evaluation and management.
2. Specific high risk categories include, but are not limited to the following:
 - a. Pre-eclampsia
 - b. Diabetes mellitus and glucose intolerance of pregnancy
 - c. Third trimester bleeding
 - d. Previous fetal wastage or death
 - e. Habitual abortions
 - f. Rh sensitization
 - g. Post maturity
 - h. Hemoglobinopathies
 - i. Anemias
 - j. Multiple gestation
 - k. Premature rupture of membranes
 - l. Suspicion of intra uterine growth retardation
 - m. Polyhydramnios or oligohydramnios
 - n. Severe maternal malnourishment
 - o. Maternal cardiac or hypertensive disease
 - p. Maternal renal disease
 - q. Maternal collagen disease
 - r. Maternal age <15 or >35
 - s. Chronic long term and/or infectious disease
 - t. Fetal malpresentation
 - u. Hx of severe congenital or chromosomal anomalies
 - v. Psychiatric illness
 - w. Seropositive for HIV

D. Chemically Addicted Pregnant Inmate Management:

In addition to routine prenatal care, those inmates who are found to be addicted to alcohol and/or drugs will be assessed for detoxification treatment. This will include treatment necessary for the benefit of the fetus until the time of delivery. Provisions will be made for off-site detoxification as clinically indicated. Management of the pregnancy will be by the on-site M.D. and/or ARNP in conjunction with an outside obstetrical consultant.

E. Postpartum Follow-up:

1. Postpartum refers to the six-week period immediately after delivery.
2. During the postpartum period, medical restriction passes will be issued if clinically indicated until such time as the inmate can assume her usual activities.
3. Postpartum examinations and tests will be scheduled in accordance with clinical standards and needs.

F. Inmates identified as pregnant by medical review will be referred to their assigned social worker/case manager. The staff member will meet with the inmate in a timely manner upon notification by medical personnel. Data will be gathered concerning the pregnancy. This data will include the due date and the inmate's expressed wishes for the child.

G. Staff will advise the inmate of her options for planning for the unborn child. These include:

1. Keeping the child. Issues discussed include health care while incarcerated delivery procedures of the institution and placement of the child after discharge from the hospital. Newborn infants are not to be kept inside any DOC facility.
2. Giving the child up for adoption. Issues discussed will include all of the above, plus an overview of the adoption process including other agencies' involvement. Referral to the Inmate Attorney will occur, if necessary. Outside counseling may also be obtained, but in no instance should there be pressure on the mother to give up the baby. The Division of Children, Youth and Families shall be notified.
3. Consent to an abortion. Issues discussed will include the State of New Hampshire's position that elective abortions can be arranged at an approved hospital or clinic in accordance with Federal and State statutes, but that the department will not pay for the procedure. Outside counseling may also be obtained, but in no instance is abortion to be encouraged.
4. Family considerations. In all instances, communication or counseling with the father and other family members shall be undertaken when feasible.

G. The staff member will document all meetings with the inmate. A written report will be submitted to the warden or treatment team. The report will include pertinent data, other personnel or agencies

contacted and a final conclusion stating the inmate's desired wish for her unborn child. The inmate will acknowledge in writing her choice of options and final plan.

- H. Based on the comprehensive counseling sessions regarding the inmate's expressed desires, the appropriate outside agency will be contacted by the social worker/case manager in coordination with the medical department.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards
4-4353; 4-4436

Standards for Adult Community Residential Services
Fourth Edition. Standards
4-ACRS-4C-14

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

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